

INFANT HEALTH

A MANUAL FOR
DISTRICT VISITORS
NURSES & MOTHERS

J. S. C. MACMILLAN

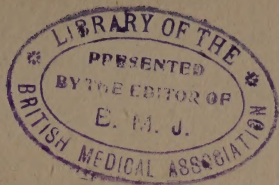
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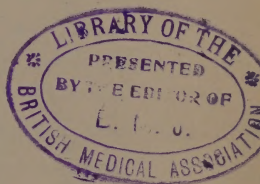
BY

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LONDON

HENRY FROWDE HODDER & STOUGHTON
OXFORD UNIVERSITY PRESS WARWICK SQUARE, E.C.

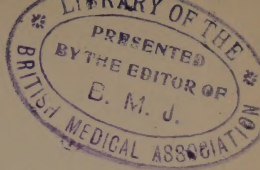
1915

6781673

PUBLISHED BY THE JOINT COMMITTEE OF
HENRY FROWDE AND HODDER AND STOUGHTON
AT THE OXFORD PRESS WAREHOUSE
FALCON SQUARE, LONDON, E.C.

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FOREWORD

THIS excellent manual, full of sound knowledge and common sense, should be most helpful to district visitors and nurses, and could be put in the hands of intelligent mothers. It is not easy to give just the needed amount of information on health subjects, but Miss MacMillan has found the happy mean between a technical treatise and a popular handbook. Readers may like to know that the author is a woman of large experience both in Scotland and in this country. She has done splendid work for us in Oxford, and it gives me great pleasure to give a warm recommendation to this work.

WILLIAM OSLER.

NOTE

THE material in this little book was got together originally for the purpose of giving a course of instruction to Voluntary Health Visitors. The lectures were given at three different times in Aberdeen, under the control and supervision of Matthew Hay, Esq., M.D., LL.D., Medical Officer of Health ; Professor of Forensic Medicine in the University of Aberdeen. They have been given once in Oxford with the approval of Arthur Latham Ormerod, Esq., M.A., M.D., D.P.H. Oxon., F.R.C.P. Lond., M.R.C.S. Eng., Medical Officer of Health for the City of Oxford, and under the auspices of the Oxford Health Committee.

My thanks are due to many people who have helped me at different times, and not the least of these are the mothers and babies whom I have worked amongst, and

in many cases with whom I hope I have made good friends.

It is with the greatest pleasure I thank James Lockhart Dougan, Esq., M.A., Librarian, City Free Public Library, Oxford, for his help and advice when the question of publication came to be considered. I should also like to thank Professor Hay for his unfailing courtesy to me during the time I worked in Aberdeen, and for his assistance with regard to the scheme for the Training of Voluntary Health Visitors.

That my best thanks are due to Sir William Osler, Bart., D.M., F.R.S., Regius Professor of Medicine, Oxford, is self evident, which is rather a comfort, as it would be difficult to thank him adequately. I hope the book will fulfil his expectations.

J. (SHAWNET) CAMERON MACMILLAN.

Oxford.

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CHAPTER I

INTRODUCTION

THE ignorant and unsympathetic tell us that there is a great deal of unnecessary fuss made to-day about mothers and their babies. We are asked how our mothers and grandmothers managed, and at the same time we are told that child-bearing is a natural function. The answer to the first is that the conditions of life generally have changed very rapidly, and we find ourselves faced by a set of new circumstances. To the second we would reply that we hardly ever find perfectly healthy parents combined with ideal circumstances, and though child-bearing is a natural function, it is always attended with some risk.

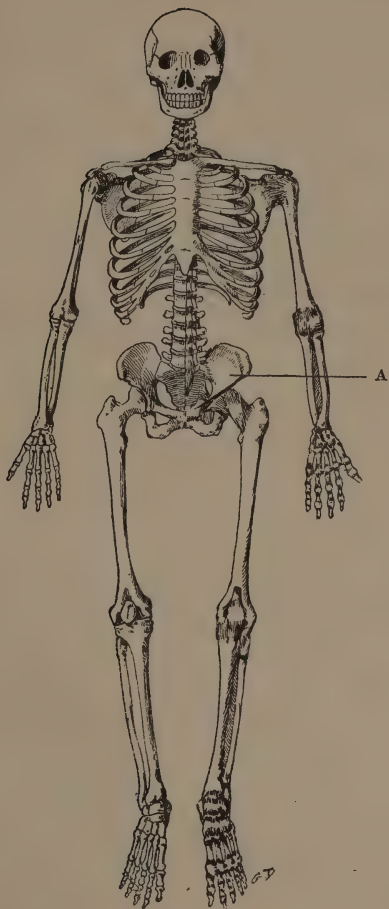
What we want to do in the time at our disposal is to try and fit ourselves to the best of our ability, not to deal with ideal

circumstances, but to make the best of things as we find them, and at the same time by observation and kindly sympathy to do all in our power to improve those conditions. To do so it will be necessary for us to glance shortly at the general construction of the body, to remind ourselves of the many systems and functions which must work together smoothly if the body is to be in a healthy condition. It is perfectly obvious that if one system or set of organs gets out of working order the other systems will be overworked.

The Skeleton. The Functions of the Skeleton :

- (1) For the protection of important organs, i. e. the skull for the brain.
- (2) As a support, i. e. the vertebral column for the upright posture.
- (3) To furnish a series of levers, as in the upper and lower extremities, for the muscles to work on.

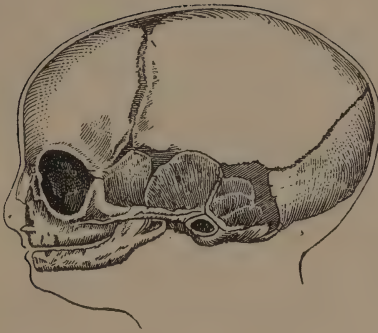
Composition of Bone. Bone is normally composed of one-third animal matter and two-thirds of mineral matter. The composition varies at different ages. In the



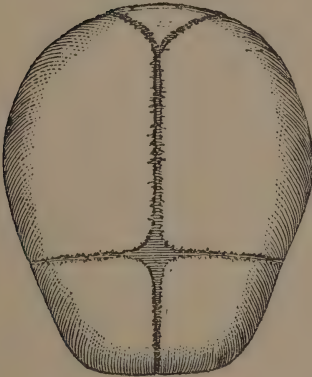
A. Pelvis.

young child there is a great deal of animal matter and very little mineral matter. From the time ossification ceases the proportions would be those we have given, and in the bones of old people there is a very large proportion of mineral matter present, and for this reason in such cases we find it is very difficult to get a broken bone to set and unite in a satisfactory manner.

What is of practical importance to us is to notice the absence of mineral matter in the bones of a young child. The rough handling of young children may have serious consequences which may not be apparent at the time. You may get 'green-stick' fracture, which is a twisting and tearing of the bone, and corresponds to a break in an older person. It is very difficult, in fact almost impossible, to make a clean break on a young branch of a tree in spring-time. It may twist and tear, but it will not give a clean break. Very much the same thing applies to the bones of a child. One constantly hears complaints at large hospitals of the



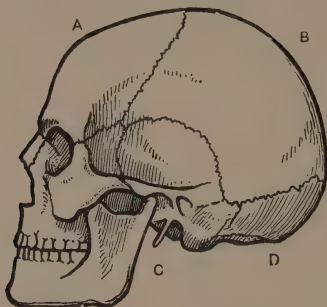
Side
View



Top
View

Infant Skull.

number of children who have to be put into 'irons' when they are about three years old, and it is perfectly obvious that those deformities have been present for months, and that as the bones harden the malformation begins to show. When



Adult Skull.

one sees very young babies made to sit upright (they may be only two weeks old), dandled upon the knees of their parents, and allowed to rest their little feet so that the weight of the body comes upon them, one is only surprised that a great many more children do not have to be put into 'irons'.

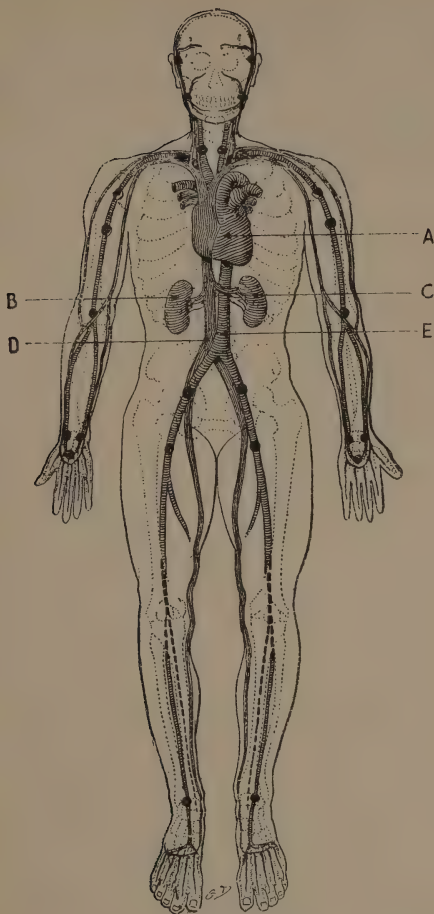
In the adult, the skull is practically a closed box, but during the first two years of life a baby's skull is still in section. Exposure to extremes of heat or cold and also to the intelligent (?) investigation of young brothers and sisters is not at all desirable in the case of the head of the baby. The pulsating of the brain, which can be easily seen, has great attractions for the active minds of investigating youngsters.

From what we have said it will be seen that it is a rather dangerous game to box children's ears or to give them a good 'hiding' about the head.

We get changes in the formation of bone from the disease called rickets. These have very much more serious consequences than are generally supposed. In a female child we may and often do get changes in the pelvic basin, and these, as a rule, do not disappear. If the child grows up, and later becomes a mother, those changes which took place in childhood may cost the mother her life as well as that of her child. If this fact were

more generally known, greater efforts would be made to prevent the development of rickets, rickets being a distinctly preventible disease.

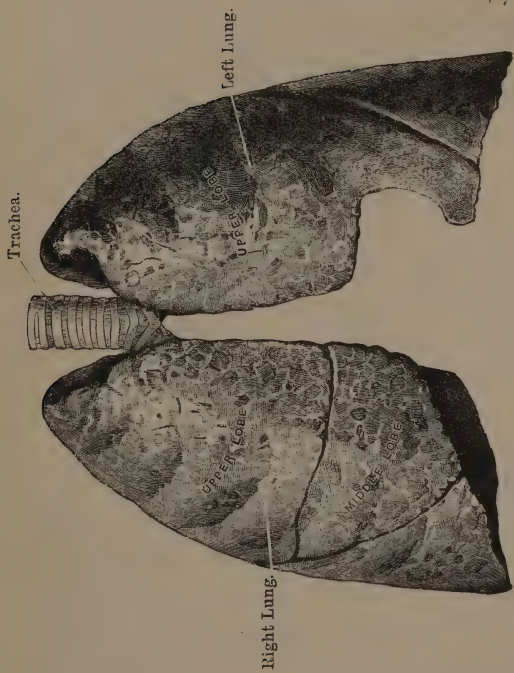
Circulatory System. Composing this we have the heart, capillaries, arteries, veins, and flowing through these the blood itself. One of the things you will commonly hear about are varicose veins. If a mother is at all inclined to be troubled with these she is sure to suffer while she is carrying her child. The pressure and weight thrown on to the lower limbs become a very serious and dangerous complication at such a time. Rest, as a rule, is the only thing that does any appreciable good. This our mothers know only too well, and it is very difficult for us to get them to see a doctor. Every effort should be made, however, to get the mothers to do so. Bandaging helps in most cases, but the amount of support which can be applied must be gauged by a skilled attendant. Also, if the patient is likely to be per-



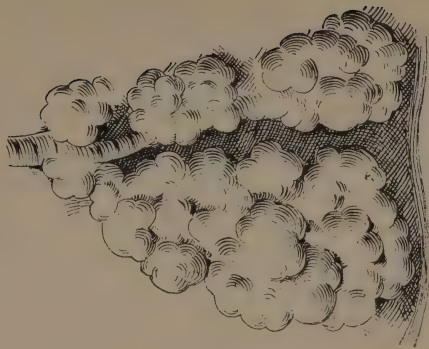
A. Heart. B. Right Kidney. c. Left Kidney. D. One of the main Veins. E. One of the main Arteries.

suaded to take rest, the doctor is the best person to drive the necessity home. The Visitor can use all her personal influence to get the mother to take rest, but it is only by continual interest and encouragement that the mother will be persuaded to take the extra trouble which will be involved in the rearrangement of her work. It helps the circulation of the blood very much if the foot of the bed is raised. This is best done with blocks of wood, hollow on the top, and standing about nine inches high from the ground.

Respiration. The main organs are the lungs and the bronchi. The lungs have come into an unenviable prominence, as they are the organs so often attacked by consumption. Air ought to enter the lungs through the nose. The nose acts as a cleaner and heater of air. Many children do not breathe through the nose, but by the mouth, which is always held open. This in itself is a very disfiguring habit, but is, as a rule, an indication that more serious mischief is



A

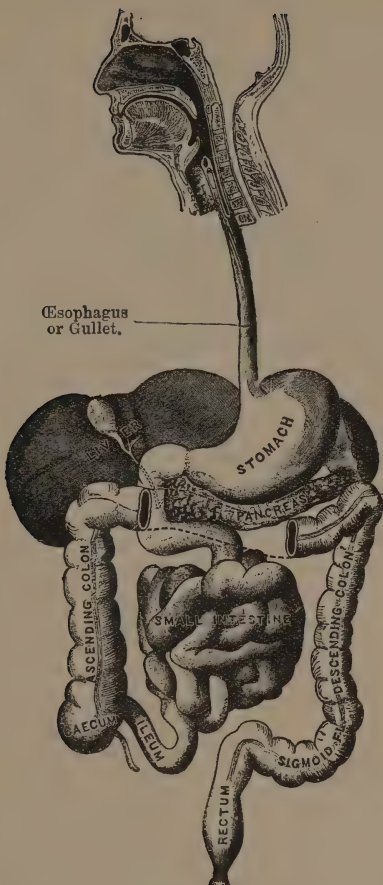


B

Respiratory System.

afoot. Adenoids or tonsil trouble should always be suspected in such a case. If there is no physical deformity or obstruction present, everything should be done to encourage the child to breathe correctly. Children ought to be taught to blow their noses properly, that is, to blow in such a way that the nose is cleared. This is particularly so when the child is going to bed. The fashionable way of blowing the nose amongst school children is to take a long sniff up, and then the nose is gently rubbed with a handkerchief.

Digestive System. The digestive system includes the mouth, throat, gullet, stomach, and bowel. To see some people eat their food reminds one of letters being posted in a pillar-box. The food is popped into the mouth and at once swallowed, whereas nature meant digestion to begin in the mouth, where the food ought to be broken up by the teeth and mixed with the saliva and digestive juices, and when thus prepared it should be swallowed so that it goes on to the

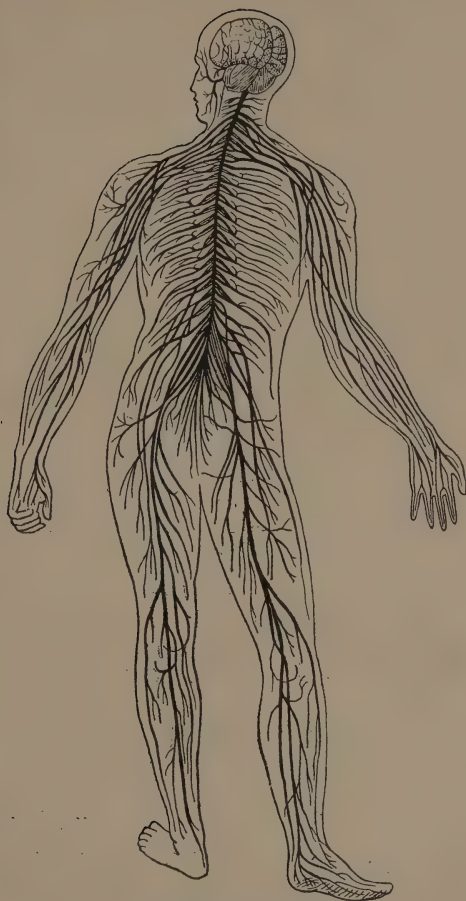


Digestive System.

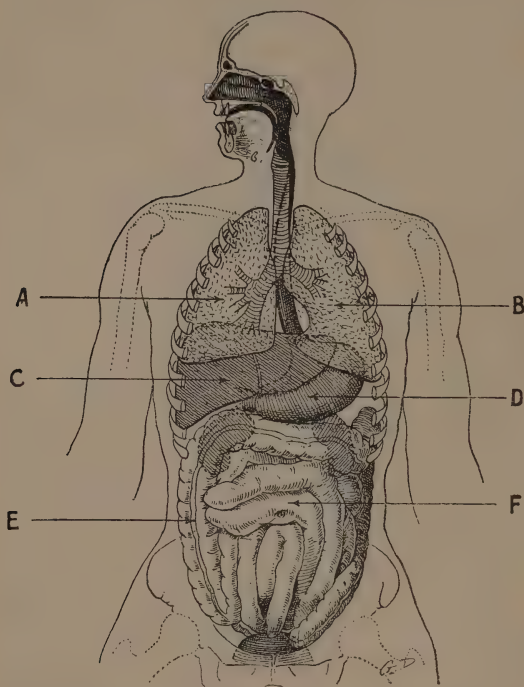
stomach. The digestive powers of a baby do not include the preparation of starchy or solid foods, so that these should not be given until the child has cut some teeth, but we will go into this more fully when we deal with infant feeding.

Nervous System. In the nervous system we have the brain, the spinal cord, and a network of nerves which covers the whole body. During a pregnant or nursing period a woman seems to have a great deal of extra strain thrown on to this system. One does not wish to encourage hysteria in any form, but there is a tendency on the part of some people to be very severe with women who find it necessary at times to have a good cry. A quiet cry very often relieves tension, and in the end does good, and if not indulged in too often may prevent a more serious breakdown.

The diagram on p. 16 explains itself. The position of the organs should be carefully noted. 'A pain in the stomach' may mean anything. That is all you will



Nervous System.



A. Right Lung. B. Left Lung. C. Liver. D. Stomach. E. Small Bowel or Intestine. F. Large Bowel or Intestine.

often be told when visiting. If we have an idea of the position of the heart, lungs, stomach, liver, and bowel we may be able to give some practical advice.

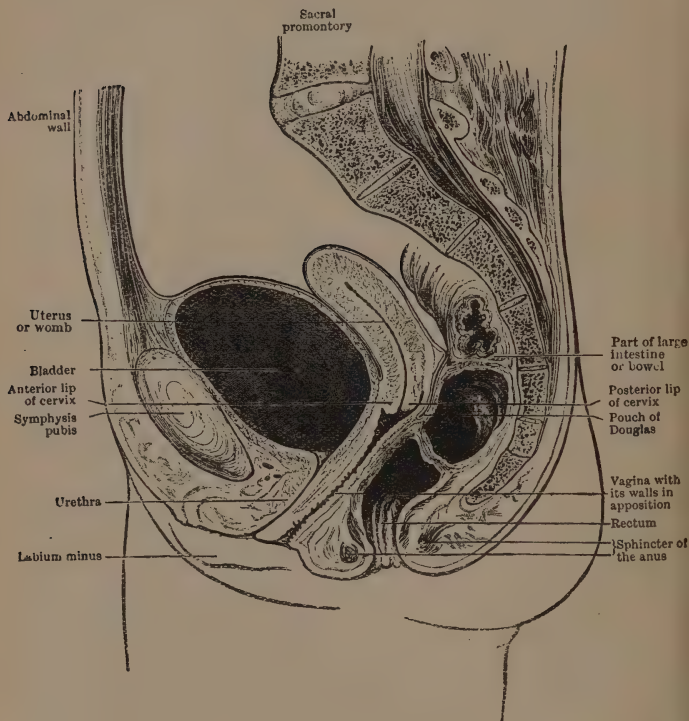
CHAPTER II

THE position of the generative organs is of great importance. They lie in the pelvic basin already mentioned when we were studying the skeleton. In front we have the bladder, at the back we have the end of the bowel, and lying between those two we have the uterus, commonly called the womb.

One can easily understand that undue distension of the bladder would press upon the womb on one side, or excessive pressure from neglected constipation would have the same effect on the other side.

From the first month when pregnancy has taken place and the ovum is one month old, it is normally the size of a pigeon's egg; at two months that of a hen's, and at the end of a third the size of a goose's egg. At this time the womb begins to rise out of the pelvis.

Signs of Pregnancy : Menstruation. The most common sign of pregnancy is the



stoppage of menstruation. This alone cannot be taken as a sign of pregnancy, as

anæmic and nervous conditions may stop menstruation. A note should be made of the date of the first missed period.

Breasts. These begin to get enlarged about the third month, when they may have some fluid oozing from them. From this time onwards the breasts may become very heavy and drag badly unless properly supported. Good support may be effected by two simple slings made from two large handkerchiefs or pieces of cotton.

Morning Sickness. This may begin at once and may continue during the whole of the nine months, but it generally begins about the fourth month. There may simply be a feeling of sickness and nausea. As a rule there is vomiting to a greater or lesser extent. Where vomiting becomes persistent and severe a doctor's advice should be got. In cases of what may be called natural vomiting a special arrangement should be made with regard to meal hours. Heavy meals should not be taken about the time the sickness usually comes on. On the other hand, retching on an empty stomach is very upsetting to the

nervous system, and a cup of freshly infused weak tea is quite a good thing to take.

Quickening. Quickening usually takes place about the fourth month, but this sign again may be felt earlier or later.

The Nipples. General care of the breasts has already been mentioned, but particular attention must be paid to the cleanliness and development of the nipples.

Bathing night and morning.

Glycerine and eau de Cologne, equal parts.

Clean cotton or linen rag.

The nipples should be bathed night and morning with warm water and a very little soap. They should be carefully dried and the glycerine and eau de Cologne applied with the two first fingers and thumb. The nipple ought to be gently drawn out, but pressure should only be applied on the surface of the skin of the nipple and no rough handling should be permitted. Eau de Cologne alone has too drying an effect and pure glycerine does not give good results without the spirits.

Undue pressure from corsets or tight clothing is apt to restrict the development of both the breasts and nipples.

Tight-lacing. Tight-lacing is undesirable at all times, and at no time more so than at this period. If undue pressure is applied at the waist-line it affects the abdominal organs ; as they are already in a very sensitive condition, nervous irritation would very quickly be set up. This would not only affect the mother but the child.

Clothing. Heavy skirts also affect this part of the body. One knows that it is impossible for the mothers to buy new clothing to assist them in making their condition less conspicuous. They cannot even spend a great deal of time in elaborate alterations, but one should encourage them as far as possible to do their best to let their skirts down in front, even if this can only be done by the application of large safety pins. This may mean that we have deficiencies at the spear of the skirt, but as a rule they generally manage to get some jacket or coat which would cover up these minor faults.

Bowels. These should not be neglected, regular action being very necessary. If the lower part of the bowel gets overloaded undue pressure is immediately brought upon the womb. Neglected constipation is a very common cause of abortion or what our mothers call 'a miss'. It is even a more common cause of hæmorrhoids or piles. The constant straining which is necessary to get a movement of the bowel causes distension and enlargement of the veins. Through time this condition becomes chronic, and only those who have suffered can have any idea of the agony our mothers endure. Women often get relief by bathing the parts with hot water, but this can be carried too far, the parts becoming so soft and unhealthy that they lose all power of retraction. When hot water is used the bathing should be done at night just before going to bed, and a castor oil cloth laid on the parts for the night often gives great relief. If, however, it is not too great a shock to the mother, bathing with cold water after each movement of the bowel will be found beneficial and

would eventually give a healthier tone. A great deal can be done by the formation of regular daily habits. It is always helpful to have a fixed time for going to the water closet, say immediately after breakfast. If possible it is best to carry out treatment for constipation through food rather than by medicine.

The following list indicates the food that would help in such a case :

Brown bread

Oat cakes

Porridge

Fresh and stewed fruit

Vegetables

Onions

Syrup and treacle

Butter, margarine, or dripping.

The medicines commonly used are liquorice powder, cascara, senna pods, and castor oil. (The latter is rather binding but very safe.) Salts are much too strong and should never be given during pregnancy, excepting by doctor's orders.

Food. Given a straightforward case of

pregnancy a good ordinary mixed diet is all that is needed. There are, however, certain things which ought to be avoided. Unnatural cravings for indigestible foods often give rise to indigestion and flatulence. Such cravings are very strong with some people. They will eat quantities of sweets, chocolates, raw rice and raw oatmeal, red herrings, cheese and pastry, and drink an unlimited quantity of long-drawn and very strong tea. In fact it is not considered 'good' if it is not practically black.

Mothers' Meals. It is not easy for a mother to get her meals in comfort. She has to look after everybody else, and she gets her food in a haphazard fashion or not at all. By taking some extra trouble things might be improved. The mother might try to get her meal before the rest of the family, or it might be put on a plate and kept hot, and she could have it after the others have gone. The dinner-time is the most difficult time to plan for. If the mother is to keep well she must be decently fed, and to get the good of the

food she should be able to eat it in such a way that it has a chance of digesting.

That our mothers' health responds to good feeding is an undeniable fact. Where we have poor and underfed mothers the problem is how best to deal with these conditions. This is a difficult question to answer wisely, as it touches the home very closely and also brings in many economic questions. The subject must receive serious consideration, as it affects so directly the health of the coming generation.

Milk gives a very good return; when supplied for a mother the difficulty in this case is (as in the case of all food sent in for the mother), will the mother use it for herself if it goes into the house? Many mothers will go to a dairy (it must be near their home) and drink a glass of milk there once or twice a day—personally I have found this plan answer best—when they would not go for a dinner. When the order is given for the milk it must be clearly written down. If this is not done you will find some of your people will ask

those in charge of the dairy to give biscuits or sweets or lemonade rather than the milk you wish them to have. I have learned this from experience.

Teeth. However plentiful or good food may be it will be spoilt by a dirty mouth. Bad teeth are a serious problem. If they are so badly decayed that the only thing to be done is to have them extracted, it is difficult to get the mothers to go and have them out. There is also the danger of shock to a pregnant or nursing mother. Stopping is so expensive, that few mothers can afford much in this way. We should do all in our power to get the mothers to wash their mouths and teeth well before going to bed, and to have the teeth removed where necessary. There is a constant flow of offensive and poisonous fluid from decaying teeth, and this undermines the general health very quickly. A pregnant mother can do a great deal for the expected baby's bones and teeth if she will take porridge regularly and also oat cake. There is something in oatmeal that helps to form good bones and teeth that it

seems impossible to get from any other food. Dentists recognize this fact.

Spirits. Spirits should not be taken excepting by doctor's orders.

Temperance. If a woman has a tendency to any kind of intemperance it is apt to show up during pregnancy and the nursing period. The consequences of taking too much drink of a spirituous nature are serious for both mother and child. A good Visitor can do a great deal to help a mother. She should never take anything herself when going on district or to a baby weighing. Practical example is very necessary.

There seem to be two distinct reasons for men and women taking to drink. A man is said to begin drinking because he went with 'company', in fact his friends drank and he took a drink with them ; he then either slowly or quickly got fond of drink.

A woman usually begins taking drink because she is in pain and stimulants help the circulation. She gradually or quickly gets fond of drink, and she may drink with

friends, but she very often drinks in secret, with the doors locked, until things get so bad that facts cannot be concealed. For this reason mothers should be advised to take their girls to see a doctor when they suffer pain at the period of menstruation. Hot drinks such as tea, weak and newly infused, coffee, cocoa, lemonade, or gingerette can be given to help to relieve pain. If possible the patient should go to bed and have a hot-water bottle to comfort her abdominally. If this does not improve matters proper medical help ought to be got. Going to the chemist to get 'a bottle' should be discouraged.

Rest. Rest is very much required, but it is almost impossible for a busy mother to get it. A certain amount can always be obtained by the feet being raised on a chair or couch when the mother can sit down. The abdominal strain is to a very great extent relaxed when the feet are in this position. Where the mother can arrange to lie down on a bed or couch, even for ten minutes, she feels very much

rested. If she can have a longer rest so much the better.

Fresh Air. This is best got by the mother going out a little beyond the door-step. Talking to the neighbours is no doubt interesting, but often does not bring anything fresh to the mind. If she can be induced to go and look at the shops to see some of the nice, and also outrageous, fashions, to see some fresh faces and hear things which she may not even understand, these things give a fresh turn to her thoughts. Fresh air is equally necessary at night, and the bedroom windows ought to be kept open night and day.

Morbid Recreations. It is extraordinary the attraction that the depressing and morbid side of life has for women at this time. Going to see the dying and the dead, and also to look on at funerals, does not help to raise the spirits of any of us, and is very apt to set a-going strong emotional feelings which do not tend to give a fair chance either to mother or child. Lurid and terrifying literature as well as ghastly

pictorial illustrations and posters ought for the same reason to be avoided.

Miscarriages. Threatened miscarriages often become complete through want of rest. When the woman feels that something has gone wrong she still continues to go about her ordinary duties, even when hæmorrhage or 'flooding' may be fairly severe. When anything of this kind occurs the doctor or nurse should be sent for, and until they arrive the patient ought to be kept lying down. The instructions they give must be carefully carried out. These usually include rest for some days, but unfortunately, the rest very often is not taken. I quite agree that it is generally difficult to obtain the rest, but the after-consequences of getting about too soon are so serious that it is well worth a special effort on the part of all concerned. If rest is not obtained at this time we very often get enlargement and displacement of the womb, and if pregnancy again occurs the miscarriage is quite likely to repeat itself when the woman becomes pregnant. There are

many causes for abortion or miscarriage. As we have already said, constipation is a common cause, also a fall, knock, kick, or strain, heavy lifting, or mental shock. The last-mentioned reminds one of the danger of reading sensational literature. Too much importance cannot be attached to the relation between the mental and the physical condition of the mother.

Cleanliness of the Skin. It is of the utmost importance to keep the skin in a healthy condition and in good working order at this time. The skin is full of pores, and these act as drains, draining off conscious and unconscious perspiration. By means of these pores the body gives off at least 2 lb. per day of sweat. In many cases it is very difficult for our mothers to get a bath, but one should encourage them to make the effort to have one. Bathing of special parts ought to be carried out regularly.

Underclothing. Underclothing should be clean when put on, and must be changed at regular intervals. This is so obvious that it seems unnecessary to draw attention

to such a simple matter, but many of our mothers have very little clothing to change with, and they need to be encouraged to make the necessary effort.

Swelling about Feet, &c. If a mother tells a Visitor that she notices she gets swollen and puffy about her feet and ankles, wrists, or face, some inquiries should be made, and the matter should not be allowed to drop unnoticed. Puffiness and swelling may indicate a very serious condition, which may give rise to serious complications about the time of confinement. The patient should be advised to see the doctor who is engaged for the case. If a midwife is to attend she should be informed.

Retention of Urine. During the last two months of pregnancy, the retention of urine may give a great deal of trouble and the woman may suffer great discomfort. She may complain of a tense feeling about the lower part of the abdomen, but when asked if she is passing urine she will tell you that she is, in fact that she suffers great discomfort from constantly dribbling.

This is in fact one of the common signs of retention of urine. This condition can only be dealt with by a skilled attendant, and should be immediately reported to the doctor or nurse.

Preparing for Confinement. One should keep preparation for confinement well in view in doing district work or health visiting. Overwork and worry have a bad effect on a woman when she comes towards the end of her pregnancy, and it is always worth while planning ahead to avoid this. Baby's clothing ought to be got into order, some clean bed linen should be laid aside, and also a plentiful supply of clean newspapers. These might be supplied by the Visitor. It is important that the mattress should be clean, and where it is filled with chaff, fresh chaff should be obtained. Want of cleanliness is perhaps one of the main causes of trouble. If there is a baby welcome club in the district, or any other similar institution, one should encourage a mother to lay aside any money she can to assist at this time. If possible the

Visitor ought to get into touch with the midwife.

Health Societies usually arrange that their Visitors do not go to the house until the baby is at least ten days old, that being the period when the midwife is in attendance. The voluntary Visitor should not go to the home until the child is two weeks old, unless she is asked specially to do so by the doctor, midwife, or her society.

Rest after Confinement. Rest after confinement is of very great importance. Getting up too soon has been the beginning of many serious women's diseases. Rest to all the other parts of the body seems necessary if proper contraction of the womb is to take place after birth. Inflammation, enlargement, displacement of the womb, one or all of these may develop through want of proper rest, care, and attention after confinement. Such conditions of the womb may have been brought about through carelessness or neglect in earlier years. We cannot hope to impress too much on the minds of those

who have to do with girls the need of having them properly looked after at the time the periods commence. Girls naturally do not know the dangers to which they are exposed if they are not told by responsible people. When they suffer a great deal of pain there is a general tendency to overlook the cause and try to improve things by giving stimulants. Stimulants may be necessary in some cases, but these should only be hot tea, coffee, soup, or milk, and should not be spirits, excepting by doctor's orders. When a girl suffers undue pain at this time proper medical attention ought to be got for her at once. All that is necessary in many cases is a slight operation, and some can be successfully treated without an operation.

Cycling. One is often asked about work at such a time, and as to whether cycling ought to be done. Occupation makes it very difficult for a woman to rearrange her work for a few days. One must use common-sense, and if possible not do overwork or have overstrain at

such a time. Getting a bad wetting during a period might have very serious consequences, and so precaution should be taken. Girls should not sit about in damp clothing, and special care must be paid to general health.

CHAPTER III

The Mother's Health during the Nursing Period. Attention to all matters of health is very important during the nursing period. She must still be careful about regular action of the bowel, and as far as possible carry this out through her food, rather than by medicine. If she cannot get regular action naturally, she ought to have a doctor's advice as to the best medicine for her to take. The importance of this matter of bowel-action cannot be over-estimated. If a mother confides to you that she is troubled in this way you must ask her exactly what she means. As a rule you will be rather startled by the replies you get. A movement of the bowels once a week counts with some mothers as a regular and sufficient action, and any answer from four to nine days between the motions need not startle you.

It is perfectly obvious, however, that this is not a desirable state of affairs. I have found the most telling illustration that of the fireside. I have often asked them what their fireside would be like if they did not clean it up every day, in fact, how much rubbish and dirt there would be lying about in four or nine days. Then they realize that practically the same thing is happening in the body, that the food is burning away as the coal burns in the grate, and that they also have waste matter which must be got rid of. The body clears up its fireside regularly or irregularly by movements of the bowels.

Mental Condition. The mother's mental condition is of importance at this time. Great excitement, emotion, or outbursts of temper affect the milk very quickly, in some cases so seriously that it goes away altogether, in others the milk entirely upsets the child's digestive system, and natural feeding has to be stopped.

The Formation of Regular Habits. Babies learn very quickly to keep regular hours and to be obedient if a little trouble is

taken with them at the beginning. From the start regular feeding hours ought to be insisted on, but some little time may elapse before the mother is able to give the first feed. Whatever you do, do not begin to give mixtures to the child in the meantime. The only thing that may be given is plain water that has been boiled and cooled. The child may have practically any quantity of this, and will do perfectly well for forty-eight hours on boiled water if necessary. Sugar and butter, milk and water, saffron, rum, gin, brandy and whisky are all favourite forms of torture given to the unfortunate child. Castor oil or purgative medicines are quite unnecessary in most cases. The first fluid which comes in the mother's breast contains a natural purgative called colostrum, and as a rule this is quite sufficient to give satisfactory and natural action of the bowels.

Breast Feeding :

1. Early mortality depends largely on diseases of the digestive organs.
2. Every healthy mother contributes

to the illness and death of her child by refusing to nurse it when she could perfectly well do so.

3. Breast-feeding is especially important during the first few months of life, and every effort should be made to breast-feed for the necessary period (nine months).

There are exceptions to the rule of breast-feeding. There is the mother who cannot supply sufficient nourishment for her child, when there is no alternative to artificial feeding. We have mothers so weak constitutionally that they undermine their own health, as well as that of the baby, by trying to carry on natural feeding when the doctor has distinctly said it should not be done. Or we may have a consumptive mother and the doctor does not approve of the mother nursing her baby. It is very difficult to make a consumptive mother understand why she should not nurse her child when she appears to have a plentiful supply of milk. Consumption is not hereditary, she tells us, this usually being her strongest argu-

ment. The connexion between a baby naturally fed and its mother is very close, and it seems practically impossible to save a child from infection under such circumstances.

When the mother is going to give the baby a feed she ought not to moisten the nipples with saliva from her own mouth. The least that can be said of it is that it is a filthy habit. The dangers are obvious, as bad teeth are only too common and the state of the mouth at any time is not such that any adult would care to have anything they are going to eat from moistened by saliva from the mouth of another individual.

The Baby's Stomach. The usual size of a baby's stomach at birth is sufficient to contain one ounce or two tablespoonfuls, and our babies as a rule do not suffer from anything more than from overfeeding. Loading up the stomach with unnecessary food does a great deal of harm and as a rule no good.

From one to six weeks old feed every two hours during the day, and every four

hours at night, and the best division of the day seems to be to feed at six, eight, ten, twelve, a.m., two, four, six, eight, ten, p.m. Then do not give a drink until two a.m., which gives you your interval of four hours and completes your day, as you once more begin at six a.m.



Outline of stomach of newly-born infant.
Actual size.

From six to twelve weeks feed every two and a half hours during the day.

From three to six months every three hours.

From six to nine months about every three and a half hours.

It is important from the beginning to

give a good night's rest to the mother, and the child also benefits by the resting of the digestive system. No training during the later years will ever quite make up to the child for neglect during the first year of life. The power of self-control gained by the formation of early habits of regularity seems to become as second nature to a little baby. Within a few days of birth they will act as a clock, as they can be depended on to know the times of their feed. A certain amount of nursing is right and necessary, but should not be indulged in to a great extent. If a child has been nursed a great deal, it will not like to lie quietly in its cot, as it seems to realize perfectly well that if it only screams long enough it will eventually be taken up, and so you find a poor over-driven mother telling you only the truth when she says, 'I cannot get my work done for that child's screaming'. To try and quieten the child, the mother will give a drink from the breast, even though the baby has but finished its regular drink ten minutes beforehand. This may occur

once or twice without any serious results, but very soon the poor little over-loaded stomach shows that it is not bad temper and spoiling that is making the child cry, but a very bad and maybe serious attack of indigestion. Then as a rule experiments begin, and these may or may not be wise or successful. The distracted mother finds out what the neighbour did with her baby when he or she was taken this way, and tries a dose out of the bottle which was given for Johnny a few months ago. If that fails, the various neighbours are called in, and everything that helped 'my baby' is tried. This very often is the beginning of the end.

Some breast-fed babies vomit up a certain amount of the milk they have taken. This may simply be caused by regurgitation. The child may have taken its milk too quickly, and it may also have taken more milk than the stomach can hold. The milk may come up in a natural condition or be very slightly curdled. This as a rule is not serious. On the other hand one may get the milk thrown up

twenty minutes or half an hour after the child has taken it. In this case the curd may be quite solid. This may indicate a more serious condition, as the mother's milk may not be suiting the child. The milk may be too rich in proteid. In some cases a little boiled water given after the breast meal may be all that is required. In others the state of the mother's health may need to be specially considered.

Diarrhœa. The mother may have eaten indigestible food, and the child may suffer from diarrhœa, though diarrhœa amongst breast-fed children is uncommon. If there has been any sour milk about the nipple this may have set up diarrhœa, or the child may have eaten something without the mother's knowledge. In a case of 'simple' diarrhœa a small dose of castor oil and plenty of water (which must have been boiled) usually puts things right.

Constipation. When the formation of proper habits has been neglected, constipation may result, and we sometimes get this condition if the mother is herself constipated. One does not want to begin

dosing a young child with medicine, if it can possibly be avoided. Half a teaspoonful of olive oil given at night, or, if necessary, night and morning, will often be found sufficient. Where simple treatment such as that indicated is not sufficient, doctor's advice should be got.

Where a child's digestive system has become disturbed, starvation for twenty-four hours may be necessary. During this period the only thing that is allowed is water which has been boiled. There is no treatment ordered by a doctor which it is more difficult to get mothers to carry out. Their hearts are so sore for the starving baby that they in their ignorance give just a little something on the quiet. This little something very often nullifies the treatment.

Artificial feeding is an extremely difficult subject to deal with. All that one can do is to indicate general broad principles. One seldom gets two doctors to agree in detailed principle. Some recommend beginning a child with one-third of milk and two-thirds of water. Again,

you will have one part of milk to one part of water ordered, in another case two parts of milk to one part of water, and yet again in another case pure cow's milk undiluted will be the instructions you will receive. That such differences of opinion are wise one does not for a moment dispute, as we have too often taken it for granted that all babies are alike. As a matter of fact, you very seldom get two children even in the same family who will do equally well on exactly the same mixture, and it is the realization of this fact that brings home to us the great necessity for more attention being paid to the subject.

Cleanliness. Everything that is needed for the child's feeding must be kept thoroughly clean. No amount of care in other matters will ever make up for neglect in this matter.

CHAPTER IV

Artificial Feeding. If artificial feeding is necessary, the best substitute for mother's milk is cow's milk, but as there is considerable difference between human milk and cow's milk a special preparation has to be made up. As the curd of cow's milk is heavy and difficult to digest when compared to human, water must be added. We must also add cream and sugar.

The Keeping of Milk. It ought to be got at least twice in the day, and if possible it should be taken from the milkman in bottles, as there is less exposure by this method. When the cork is taken out of the bottle a small cup or egg-cup should be kept over the mouth to prevent dust, flies, &c., getting into the milk. The bottle containing the milk should be kept standing in a basin or dish of cold water. Where the milk is taken in the ordinary

way a smooth enamelled jug should be kept for the baby's milk. To prevent the milk being jumbled unnecessarily the milkman should be asked to put the milk directly into this jug. It should at once be covered by a small enamelled plate. If it is to be sterilized or heated it should be put into a pan of boiling water and kept there for the prescribed length of time. It should then be taken out of the pan and plunged in cold water so that the milk may be cooled as quickly as possible. The jug should then be placed in a basin of cold water and put in a cool keeping place. It should only be uncovered to take the milk out for a drink. The best keeping place is as a rule not the kitchen, and in small houses it may be necessary to move the milk from one room to another. This difficulty usually arises in summer time, when the sun may stream in and make the room in which the milk is kept very hot for a certain part of the day.

Bottles. A boat bottle ought always to be used, as long-tube bottles and bottles with teats which cannot be turned

inside out are neither more nor less than death-traps. The teats ought not to be scrubbed with a brush, as this roughens the rubber, and allows the milk to soak into the substance of the teat. To keep both bottles and teats in a satisfactory condition the bottles should be placed in a pan of cold water, and the water brought to the boil night and morning. While the water is boiling the teats should be thrown in to scald them and then they should be removed with a long spoon and placed in cold water. No milk should ever be allowed to lie and get sour either in a bottle or on a teat. If the child does not finish the drink, what remains ought to be put out, and the bottles and teats cleaned at once. Between the drinks the bottles and teats ought to be kept lying in cold water. If, unfortunately, milk does sour on the bottle or teat, boracic powder or baking soda ought to be used in the water for cleaning. Washing soda spoils the fine surface of the glass, and for this reason ought not to be used.

Dummy teats. Dummy teats are

amongst those things which are never required if never started. The use of dummy teats is a matter of habit. Once a child has got into the habit of constantly sucking one, it is very difficult to get the baby to give it up. It is therefore very much better never to start them. They are said to be to a large extent responsible for adenoids and malformation of the mouth. At all events there is no denying the fact that they often fall on the floor, that other youngsters in the family take a turn at sucking the teat too, that it has even attraction for the pet dog or cat. The floor with its accumulation of dust is a place where it not infrequently rests, and the mother often cleans it in her own mouth and then gives it to the baby. Altogether the dangers of its use far outweigh any benefit that may be gained.

Sterilized Milk. The fact that milk has been sterilized makes some people careless about the keeping of it. We are told that if you take one pint of fresh cow's milk and one pint of milk that has been sterilized, and put an equal quantity of dirt

into both those specimens, the milk which has been sterilized goes wrong first. From this we see that unless sterilized milk is kept thoroughly clean, free from dust, and in a cool place, sterilization may be more of a danger than a blessing.

Time for a Feed. Milk must not be given too quickly, whether the baby is being fed naturally or from the bottle. Normal children take from ten to twenty minutes for each feed, and certainly more than twenty minutes should not be allowed for one feed. If a child cannot be satisfied in this time the mother cannot have a sufficient flow of milk, or the suction power of the child must be deficient. If the mother has a large quantity of milk and the child feeds very greedily and gulps it, then the breast must be taken from the child in five minutes, and a rest of two minutes taken before the feed goes on again. In fact the feed must be broken up into intervals.

Starchy Foods. The giving of starchy food too soon is probably the largest factor in starting diseases of the digestive

system with infants ; until the digesting juice ptyalin has begun to flow freely starch cannot be digested by a child. The age at which the fluid commences to act usually coincides with the cutting of teeth, but as some children cut teeth very early it is best that they should be kept on a milk mixture as long as they are developing satisfactorily. If a child naturally fed seems to be quite satisfied with its mother's milk it is better to go on to the end of the eighth month entirely on the mother's milk. This is in the case of a child who is to be weaned gradually, where in fact a month is taken to that process. If weaning is to be done all at once, then we should not wean until the end of the ninth month. Before weaning is begun the mother ought to make up her mind which method she is going to use, as there is usually rather a stiff time before her. Where weaning is to be done all at once, and the child is cross and frets for the breast, the mother is very apt to give in when she hears the child crying for it, and each time she gives way makes it

more difficult for the process of weaning to be done. Gradual weaning always seems to me to be healthiest both for the mother and the child. A mother's milk goes away gradually, and the child's system has time to get accustomed to the change of food. The times suggested for gradual weanings—

	<i>Breast.</i>	<i>Artificial.</i>
1st week . .	5	1
2nd week . .	4	2
3rd week . .	2	4
4th week . .	1	5

Until the end of the second year, milk ought to be the foundation and principal part of a child's food. It is very important to keep this fact well in view. Probably the safest and best mixture with which a baby can be started is a very little finely boiled gruel made from milk and oat flour. If the child goes on well with this, bread and milk may be added to the diet. If the child develops satisfactorily after four to eight weeks on this diet, we may begin to add porridge and

milk, milk pudding, rusks, small pieces of bread and butter, soup (which must contain no solid substance). After the child is twelve months old, a soft boiled egg may be added. From eighteen months onwards boiled white fish, mashed potato and gravy, well-stewed fruit, a few sweets along with those foods already mentioned. Children should not be given a little taste of the general family food. They are much better without cheese, pastry, sausage, bacon, bloaters, herring, just a little drop of beer, and very strong tea. One is constantly asked about artificial foods.

Artificial Foods. They ought to be looked upon in the same way as medicine, and should be given only by doctor's orders. The havoc that is wrought by kindly and well-meaning people by suggesting various foods cannot be overestimated. Where we have a healthy child there is very little anxiety about feeding, if we keep anywhere near the common-sense rules. Once a child begins to show signs of digestive troubles, it is

long past the time to try experiments. Experiments are probably necessary, as there may be difficulty in getting the food to suit the child, but these experiments should be carried out under the supervision of a doctor. When patent foods are bought, the directions generally accompany these.

Condensed Milk. When condensed milk is ordered for a baby, tins marked 'Condensed Skimmed Milk' should never be bought. This milk contains no fat. Condensed milk is sometimes ordered for a child suffering from indigestion, and it may give very satisfactory results for a short period. It is not wise to continue its use for a lengthened period, as children brought up upon it seem to be susceptible to rickets and scurvy. Fruit juice and cream are usually added to a diet of condensed milk. As in the case of fresh milk, we must keep condensed milk thoroughly clean. To do this the tin ought to be opened well to the outside of the lid and the milk should be emptied into a small tumbler. The tumbler with

the milk should be put standing in a bowl of cold water and a large tumbler should be placed over the small one. This large tumbler should only be removed when milk is going to be used for a drink. The ordinary method of keeping condensed milk is as follows : Make as small a hole in the lid as possible, the more irregular the better ; leave the tin lying about open in all the dust ; a spoon should be left sticking conveniently in the opening, and the other members of the family have a teaspoonful as the fancy takes them, the spoon is then returned to the tin. It is no wonder if children fed in this way become martyrs to digestive troubles, involving both stomach and bowel.

Diarrhœa. The treatment for diarrhœa in the case of a bottle-fed baby is the same as we have already given for breast-feeding. The dangers in connexion with bottle-feeding are very much greater in this case, as we have the difficulty of keeping our milk clean as well as teats and bottles. The tiniest speck of sour milk will in many cases bring on diarrhœa.

Lime water is sometimes found beneficial in a case of diarrhœa.

Constipation. We may do a great deal for a baby who is constipated and who is on the bottle by the addition of a little Demerara sugar or syrup to the feed. These would take the place of the granulated sugar used in the ordinary way. Cream added to the drink is often very effective, but the difficulty of getting good cream is so great that its use may become rather a danger, and so half a teaspoonful of good olive oil is usually safer night and morning.

Vomiting. Vomiting in the case of a bottle-fed baby may indicate a more serious condition than in the case of a breast-fed one. The child may simply take its feed too quickly, and in such a case the feed must be broken up into intervals. It may be that the milk is too strong, or, on the other hand, it may not be strong enough. There might be too much sugar; in any case, one must have the bottles and teats thoroughly overhauled, boiled, and kept perfectly

clean. If vomiting continues for any length of time, and seems to pain the child, then a doctor must be consulted. At such a time the motions from the bowel ought to be carefully watched. It may be that there are white specks of curd in the motion, indicating that the curd of the milk has not been digested. The motion may also have a very offensive smell. Anything of this kind should be reported to the doctor. In some cases where the curd has not been digested, barley water is substituted for the ordinary plain boiled water. The barley water seems to make it easier for the child to digest the curd.

Barley Water. This may be made with Robinson's Patent Barley. When this is used the directions on the tin should be followed. When pearl barley is used, we must see that it is thoroughly washed. Take one tablespoonful of barley, wash it and put it into a two-pound jam jar, fill the jar with boiling water and let it infuse at the fireside for twenty minutes to half an hour. Barley water means the

infusion of barley, it does not mean boiling down the substance of the barley and giving a more or less solid jelly to the child. Solidity appeals very much to the minds of our mothers, and therefore they imagine that if the best results are to be got from barley water they must make a jelly. As a matter of fact starchy barley water usually does a great deal more harm than good.

CHAPTER V

THE HYGIENE OF INFANCY

The Order of the Bath. It is very important that the baby should have its bath every day, and this is best given in the morning. It should also have a sponge at night. The baby, like the adult, gets rid of waste matter in four ways, by the skin, the lungs, the bowels, and the kidneys. If any of these are not acting properly, the other three have too much to do. Everything must be gathered together before the child is undressed.

We need the bath,
hot and cold water,
good plain soap, or oatmeal soap,
1 piece of flannel,
a towel,
powder,
a flannel apron, and clothing must be
in proper order.

We need the frock,
the long flannel,
the woolly vest with sleeves,
the binder,
the square of flannel,
the diaper,
the little stockings.

As little children may be playing about when the bath is being prepared, it is safer to put the cold water in first, and then to add the hot. If the bath gets upset there is not the same danger of burning. Before the bathing begins the water ought to be tested by the elbow, as it is much more tender than the hand, and corresponds fairly closely to the tender skin of a baby. Very little, if any, soap should be used for washing the face, as soap is so apt to get into the child's eyes. A little more may be applied to the head, but it must be thoroughly washed off. The face and head should then be dried. Next soap the child's body while it is still lying on the knee and lift it carefully into the bath, and let it have a thorough good

splash. It should then be dried gently and quickly, particular attention being paid to the neck, arm-pits, buttocks, and toes. The child should then be dusted with powder, which should be rubbed smoothly into the skin. The dressing should be done as quickly as possible. Some children are quite exhausted at the end of the bath and the dressing. They are turned so frequently that they are quite worn out. To avoid this the child should be laid across the knees face downwards, the binder should be slipped on, and the diaper, flannel square, little vest, and long flannel can all be laid on the child's back. Then the child and the clothing should be turned round, the napkin and the flannel fixed, the arms put into the sleeves of the vest and through the armhole of the long flannel, the stockings could then be put on, the long flannel turned up (there must be plenty of room left for the child to kick), when the baby is ready to have its frock put on. If the baby is dressed in a methodical way it need only be turned

twice, once to lay the clothing on its back, and once to fasten the frock. When this is done the baby is usually quite fresh and lively.

The Binder. This article of clothing is coming in at the present moment for a great deal of attention. Many doctors maintain that its use is quite unnecessary. If a binder is used it ought to be a little knitted belt, though for the first few days a strip of flannel is preferred by most nurses to keep the navel dressing in place. The dispute seems to have arisen not really on the binder itself, but about the use to which it is put. A mother seems to have an idea that the binder is to act as a support for the back of the child in order to give her the satisfaction of making the child sit up. Children should be kept lying either in arms or in their cots until they show a natural desire to sit up themselves. The old-fashioned, stiff-starched linen binder must be utterly condemned. This is wound round the body of the poor unfortunate child so tightly that it cannot breathe

properly, neither does it allow of any expansion for the stomach. Many children suffer from flatulence, and you get decided distension of the stomach. You may set up a very serious condition under such circumstances. The binder is meant to give warmth, and is not intended to give so-called support.

Other Clothes. Babies' underclothing ought to be made of wool. The garments may either be knitted or made from flannel.

Flannel.

1. It conducts heat badly.
2. Absorbs moisture readily.
3. Gives moisture off slowly, so that far less cooling is produced by evaporation from woollen garments than from any other.

Cotton.

1. Absorbs moisture badly.
2. Rapidly conducts heat away.
3. If perspiration be present it readily produces chill.

Flannelette.

Flannelette is cotton differently finished.

The above tables show the differences between the different materials used for underclothing.

Napkins. These are best made from towelling. Careful washing is required. Soda and powder should never be used, because if the napkin becomes wet these come out and fret the skin of the child. Good yellow soap should be used, and they must be thoroughly rinsed in plain water before they are hung up to dry.

Cradle. When we have got the baby dressed it should be put into its cot. All babies ought to have a cradle or cot in which they can sleep by themselves. The clothing ought to be light, and the cradle should be put in a quiet part of the house. This is not often done because the kitchen is the only place in which there is a fire, and the mother is afraid that the baby will catch cold. This difficulty can be overcome by the use of a hot-water

bottle, which must be covered by material of some kind:

The greater part of a baby's life should be spent in sleeping in quiet surroundings. The constant noise amongst which babies live tends to develop nervousness. This applies to older children as well as to babies.

The dangers of a baby sleeping with other people are obvious. There is always the possibility of the child being overlaid, of its getting too hot, and if it is sleeping with its mother, the probability of its being fed far too often. One is constantly told that 'the child has the nipple in its mouth all night'. Under such circumstances neither mother nor child can get much rest or sleep.

Chills. Putting children down on damp and cold surfaces often gives rise to internal chill. It is difficult to avoid cold places once the child begins to toddle, and it subsides of its own free will where fancy takes it, but as long as the child cannot move by itself there should be no difficulty in avoiding this danger.

It is time enough for a child to begin to try and crawl when it is about nine months old, but crawling should not be encouraged until the baby shows a decided desire to do so. After baby has got thoroughly into the way of moving it may be allowed to try and stand, but when it tries to do so either on the floor or on the lap it must be supported. Until a child can walk and run easily it should be encouraged to lie on its back and kick freely. This strengthens the limbs and the back, and gives exercise.

Vaccination. Vaccination should be done while the baby is very young, before the end of the first month if possible. Practically the only danger arises from dirt of any kind getting into the wound, or dye from coloured clothing. The younger the child is the more likely it is to lie quietly, and there is much less danger of the heads or scabs which form being knocked off.

It is so long since we have had a serious epidemic of smallpox that people seem to have forgotten the awful horrors of this

disease. The conscience clause, which has given people the right to say whether their children are to be vaccinated or not, has done a great deal of harm, if we are to believe the statistics of Jenner. It is very difficult to gauge the number of unvaccinated children in the country at the present time, but that the number is on the increase is an undoubted fact.

Thrush. Thrush or white-mouth, as the mothers call it, is a disease sometimes found among bottle-fed children. Anything in the way of sour food is apt to give the disease a start, and if the mucous membrane of the mouth is not in a very healthy condition it spreads very quickly. Thrush is a form of mould and spreads in very much the same way as mould does on a pair of boots. You get a few scattered spots the first day, a much larger number the second, and the whole boot covered on the third day. The same order is followed in the tender little mouth, unless proper precautions are taken from the very beginning. The treatment is to keep the mouth thoroughly clean, and this is best

done by winding a thin bit of cotton wool round the small finger, and dipping that in some boracic lotion, and swabbing the mouth out carefully after each meal. A clean piece of rag must be used each time and should be immediately burned. The mouth ought to be painted four to six times a day with borax and glycerine. Borax and glycerine is safer than borax and honey, as it seems to keep better. In a case of this kind it is best to get the help of the District Nurse. It sometimes helps to keep the mouth in a healthy condition to give two or three teaspoonfuls of water which has been boiled after each feed from the bottle. This prevents the milk lying and souring in the mouth.

Teething. The age at which children cut teeth varies greatly. Some cut them about the third or fourth month, others again about the seventh month, and some babies are a year old before they cut any. As a rule before cutting teeth the child shows signs of irritability. It is rather fretful, it puts everything it can into its mouth, and it dribbles a great deal. If

you gently try the gums with your finger you find them very hot, and they show signs of inflammation. Dribbling is one of the methods which nature employs to relieve the inflammation, and it should not be interfered with. No attempt must be made to get something to stop it from the chemist. We must, however, take great care to prevent the clothing getting soaked. Where this is allowed to occur we almost certainly have bronchitis following. A waterproof bib bought ready-made or made from jaconet ought to be worn above the ordinary clothing and below the cotton bib. If you only have the waterproof bib the dribble simply runs lower down, so you must also have the cotton one. Some children suffer from diarrhœa as they cut each tooth or pair of teeth, and this may not be a serious condition, if it does not last for any length of time, but there is a great danger of serious disease being overlooked and being put down to teething. If a child is persistently 'not well' a doctor's advice should be got. Many serious diseases get a firm

foothold during the teething period, because they have been supposed to be quite natural at such a time. Eczema sometimes shows at this time, the extra strain thrown on to the body telling on the constitution generally and showing any weaknesses which have been latent before. If there is any inflammation of the eyes it must be attended to, and if this is done at once, simple treatment is often all that is required.

Bathing the Eyes. One part boracic lotion, two parts boiled water, cooled until the mixture is at blood-heat. Several small bits of cotton-wool and a bowl. Put the mixture and cotton-wool in a bowl, take out one piece of cotton-wool at a time and bathe the eye from the nose outwards. Once the cotton-wool has been allowed to touch the eye it must never be put back in the bowl again, as this would infect your other wool and lotion. As each piece is used it must be burned. These directions sound very elementary and unnecessary, but I have so often found mothers who have got directions from the doctor about

bathing their children's eyes, and they keep one piece of cloth very carefully by itself and use it day in and day out, with the result that instead of the eyes improving they don't get any better, and on the whole get a great deal worse.

Eyes. There is a dangerous tendency at the present time on the part of parents to try and get their babies to take notice of things months before they ought to be expected to do so. They like to see a child watching a toy hung up somewhere near the cot and which at intervals they set in motion to attract the baby's attention. The child generally does notice the toy, and strains its eyes very badly when trying to watch the movements made. The eyes may be seriously injured in this way. We should do all in our power to encourage mothers to let their children develop naturally, and in as much quietness as it is possible to procure.

Teething and vaccination are two things that often indicate the weak spots in a child's constitution. One does not wish to be meeting trouble half-way, but careful

observation at these times often means that we are able to prevent the development of impending disease.

When visiting a baby a short time ago I found that the child had just been vaccinated. It had not been very well when the vaccination was done, and during the week following the inoculation this child showed all the signs of threatened rickets. After a few days these symptoms disappeared, and the child again became normal and is going on well. As this child was breast-fed, I asked the mother some questions about other members of her family, and I found a girl who is now about twelve years old, and who was also a breast-fed baby, had rickets very badly from the time she should have begun to walk, and this continued for some years. The condition of the child during vaccination, combined with the older girl's condition, in my mind points to the danger of this baby also developing rickets, and I think one is quite justified in taking all the preventive measures against the development of this disease in such a case.

Wakefulness and Restlessness. Babies sometimes show an extraordinary determination not to sleep, along with restlessness which can be called nothing else than perpetual motion. Nothing seems to please them, and they get completely worn out. Under such circumstances a hot bath sometimes gives relief. The bath temperature for a case of this kind would be 105° . If no glass is at hand one might gauge by the elbow to which the water ought to feel hot. It is best to keep the child sitting in the bath, and the little shoulders ought to be covered with a warm shawl or flannel. The lower limbs should be well covered with the water for from three to five minutes. The child ought to be lifted out on to a blanket and warm towel. It should be thoroughly dried and laid into the cot at once.

Convulsions. Convulsions are brought on by various causes, very often connected with the digestive system. As a rule they indicate a serious condition, and a doctor should be sent for. Until the doctor arrives a hot bath may be given, as this

helps to relieve the contractions, and as a rule one is perfectly safe in giving a dose of castor oil. If one was sure of getting the doctor at once one would rather not advise treatment, but as some hours may elapse before he can be got for the case it is well to understand about simple treatment. If convulsions have occurred it is wise to consult the doctor, even though the spasms may have passed off for the time being.

Rickets. Rickets is one of the commonest diseases we have amongst children, and at the same time it is a distinctly preventible disease. The cause has never been discovered, but the treatment for its prevention is by no means complicated. It is almost entirely, but not quite, confined to bottle-fed children, and seems to be the result of deficient fat in the diet, the want of fresh air, cleanliness, and sunlight in the general environment of the child. The early signs as a rule do not show before the sixth month, and do not develop after the third year, and most cases occur between the sixth and twentieth month of life.

Early Symptoms.

Profuse sweatings of the head.

Feverishness at nape of neck.

Distension and enlargement of abdomen.

Inclination to indigestion.

Flabby to the touch.

A decided objection to being handled.

Later Symptoms.

Changes in the bones, enlargement of the joints, ' chicken-breast ', ' bow-legs '.

Treatment.

The addition of fat to the diet ; as a rule some form of cod liver oil emulsion, cod liver oil and malt, or the pure oil.

Fresh air, night and day.

Cleanliness.

Sunlight.

A cot for baby only.

Above we have given a simple list of the early and later symptoms, as it is important to bear those in mind, and also a very elementary outline of treatment,

which in no way would conflict with orders given by a doctor.

There are decided changes in the bones, but before these show we have warnings through the general condition of the child. We may have profuse sweatings in the head ; when the child is asleep the sweat is found in beads lying on the head, and the pillow will be wet. On putting one's hand at the back of the child's head we find it has a hot feverish feeling. When the bowel moves the motions have a very offensive smell. There is a very great deal of distension and enlargement about the abdomen, and though the baby looks fine and healthy it is found on touch to be very flabby. It is extremely tender to the touch, and on being handled cries out as if in severe pain. All these conditions may be present and yet may be successfully tackled if the case is taken in hand at once and the doctor's orders are properly carried out. Later on we get changes in the bone, enlargement of the wrists and ankle, a peculiar prominence of the bones of the head, specially about

the forehead, and the bones from the knee to the ankle may show a very decided inclination to bend. When the changes in the bone have become pronounced, it is more difficult to deal with the case. There is no time when a Health Visitor can do more to help both mother and child than in a case of this kind. Rickets is a disease which can be prevented if it threatens, and can to a very large extent be overcome even if it is present to a limited extent. The treatment is not complicated, but it does need sustained effort, and the treatment cannot be abandoned just because the child appears to be better ; it requires to be carried out for a very considerable time after it has apparently been remedied.

We always have a certain number of premature babies born, and amongst those the death-rate is very heavy. We will not deal with those who are born before the seventh month. All children who are born from the seventh month onward may live, but people are so frightened of those poor little mites that they have in

many cases an extremely poor chance. They do need to be skilfully handled, but the greatest amount of damage is done by people who will not leave them alone. If a child cannot be properly dressed the neighbours tell you that there is something very queer about Mrs. So and So's baby. It is either supposed to be a dwarf or an imbecile. The mother in sheer self-defence attempts to dress her child in the ordinary way, and thereby removes the only chance of the child living.

Under normal circumstances a baby of seven months old who can scream well, and who can hang on to your finger with most extraordinary determination, ought to go on in a very satisfactory manner.

Mothers require a great deal of education on this matter, and a Health Visitor should never miss the chance of giving information on the subject. This is best done when a case in point occurs ; she will not be visiting at the time of birth, as societies arrange that Voluntary Health Visitors do not go to the home while the midwife is in attendance. At the same

time she can strengthen the work of the nurse enormously by having prepared the way for her.

Premature Baby. For the proper care of a premature baby we require the following things—

A good-sized clothes basket, lined with a blanket or flannel.

A *light* warm blanket.

Three hot-water bottles in flannel cases.

A bottle of olive oil, and

Gamgee tissue.

A premature baby should not be washed nor dressed in the ordinary way. The face and head are washed as a rule, and the body is rubbed with olive oil. The clothing must be of the simplest, but must also be warm and light. No attempt should be made to put on a frock.

The clothing we require is :

A flannel jacket with sleeves, lined with gamgee tissue.

A diaper.

Stockings, and a good warm shawl.

The child should be placed in the lined clothes basket. One bottle should be

placed for the feet and one put on each side of the child, and it should be covered with the light blanket. It should be kept in a warm part of the room or kitchen, but it must also have fresh air. The child should not be taken up and handled excepting when necessary, and as far as possible an experienced nurse should do what is necessary. As a rule she cannot always be on the spot, and the baby will need attention between her visits. Whoever is responsible for the child must carry out the instructions she has received.

Milk in the Baby's Breasts. Some children are born with milk in the breast. When this occurs and simple treatment is applied there is no difficulty in dispersing the fluid. If, on the other hand, people begin to interfere with the breasts, to try and press the milk out and to rub them with strong embrocations, they are almost certain to set up dangerous inflammation. Where milk is present the breasts are hard and feel as though there were marbles below the nipples.

Treatment. Warm olive oil. This

should be put on to two small pads of cotton wool; these should be laid on the breasts and fixed by a small soft bandage. Do not rub on any account. Where a doctor is in attendance his orders must be strictly carried out.

Circumcision. Ruptures are caused in very many cases, so far as boys are concerned, by undue straining to pass water. The foreskin is too long and obstructs the passage of urine. It is the duty of every nurse to examine the children thoroughly when born, but even they do not always realize that it is necessary to have a small operation performed. Many medical men are of opinion that all boys ought to be circumcised, but in many cases this is an absolute necessity if baby is to grow up into a healthy man. When male children are in the bath the foreskin ought always to be pulled well back even where it appears to be fairly short. When a mother begins to handle her own child, unless she is perfectly satisfied that the baby is all right in this way she ought to see a doctor about it. When a mother is advised by

a competent authority to have this operation performed, one should do all in their power to get her to follow the advice.

Measles. Measles are extremely infectious before the rash appears, and this in many cases accounts for the rapid manner in which the disease spreads. The signs which one may note before the rash appears are that the child becomes very dull, heavy, feverish and miserable. There is a good deal of sneezing, running from the eyes and nose, and a dry cough. The child complains of a sore throat, and on the fourth day the rash appears. As a rule it begins to fade about the sixth or seventh day. Too much emphasis cannot be laid on the importance of proper nursing of a case of measles. There is a very great tendency for complications to arise where measles are present. Whooping cough at times follows measles, and pneumonia may supervene during the illness. The child ought to be kept in bed from the time it gets ill until the rash has disappeared, and for a longer period if necessary. Warmth is of the utmost

importance, and it seems impossible to get this if a child is allowed to get up and run about. The eyes need careful watching, and the light in the room ought not to be too strong. If any inflammation shows about the eyes, bathing should be started at once. All discharges from the eyes, nose, or ears are infectious, and wool or old rags used for wiping up these ought to be burned.

Many busy mothers tell you that one of the children has got measles, and when you suggest to them that the child should be isolated to prevent infection spreading to the other children, she will assure you that it is best for them all to have it at the one time: 'They are all sure to get it at some time, miss, and they may as well have it and be done with it.' No doubt there is something in this, but it would be very much better for the children if they never had it at all. Measles so often leaves weakness behind it, and the beginnings of disease which show later in life can in many cases be traced back to this time. There is a tendency for the

glands of the neck to become enlarged, and this may have been due to careless nursing.

Whooping Cough. Whooping cough is very contagious and begins very often like an ordinary cold. The whoop does not appear at the beginning as a rule. Coughing is usually very violent, and seems to strain the whole of the body of the child. Bleeding may occur from the nose, and at times from the ears, and the eyes may also be affected. The length of time that the disease may last varies very greatly. As a rule the child should be considered infectious until the whooping has ceased.

At this time the child's constitutional condition is below par, and we may get serious and permanent complications, e. g. consumption. This would probably be preceded by pneumonia or bronchitis. It seems to relieve the child to have the breast rubbed with camphorated oil and to have a piece of new flannel covering the back and chest.

One would much prefer that children

did not have whooping cough, but the disease does not have such disastrous results when the children are a few years old. A young baby taking whooping cough has a very small chance of recovery. A doctor's advice should be got, but warmth with fresh air is necessary.

CHAPTER VI

Baby. The baby must form the foundation of the work of the Health Visitor, and this must never be lost sight of. The condition of the mother, father, and other children will probably be brought to the notice of the Visitor, as well as the home conditions generally. These all naturally gather round the baby.

A successful Health Visitor must possess four things, knowledge, courtesy, sympathy, and unlimited patience.

Knowledge. Normally no Health Visitor should be allowed to start work without special training. Each society would decide for itself the method by which it means to train its visitors. The work which we have done gives us a good outline of the general scope of the work.

Physiology and Anatomy. We have only been able to indicate a few of the

most elementary facts connected with physiology and anatomy, and Visitors would be well advised to try and attend a regular course in this subject, as it is impossible in the time at our disposal to deal with this complex subject.

There are certain things that a Visitor ought to learn off by heart as they at one time learnt their A B C, so that they do not bring themselves and their Society into derision. There is no one quicker at finding out our worth than the mothers whom we visit. They have a very great deal of knowledge themselves, but it is not always of the best. It has been picked up in a very haphazard fashion, and has been gained in many cases at the expense at least of the life of one child. This is far too big a price to be paid for experience, and you are helping to prepare mothers for their duties so that this heavy toll may not have to be exacted.

Florence Stacpoole has written a book on the 'Ailments of Women and Girls' which Visitors will find of great assistance, and for those who are interested in, and

are working at, Schools for Mothers, the book issued by St. Pancras gives full details of the working of this department.

Once a Visitor has got a good working technical knowledge of the subject she is going to deal with she may then begin her visiting, and hope for success if she goes quietly and methodically to work. To begin with, she should be a good listener, as well as a good teacher, as in this way she will soon be able to put her technical knowledge to the practical test. However curious and unnatural a mother's story seems, the Visitor must never laugh at it. One cannot forget the creepy feeling one had about their back when at a Committee Meeting a not very young, but rather inexperienced, Visitor reported on one of her first visits. She had been so much amused by a mother 'drawing her' by trying to make her believe her baby had been born with milk in its breasts. To the Visitor this was as a fairy tale, and she had been unable to assist the mother with advice or sympathy, and she had shown her own ignorant amusement.

One such example is sufficient to show us the necessity of training.

Courtesy. One gains nothing by trying to force oneself upon people. If we find that we are not necessary in some cases it is always well to go occasionally to ask how the baby and the family are keeping. This keeps us in touch with the case, but we must always remember that the politenesses of everyday life must be scrupulously observed. One must always rap at the door, and not go into the home unless asked to do so. By showing courtesy and interest in small matters we gradually establish a friendship with the mother, and if she is in trouble and requires help she will invite us to go in when need arises. We must bear in mind that we do not go, at least to begin with, because we have been asked to do so by the mother. We go because our Society has sent us in case we are required. A doctor or a district nurse is practically always welcome, but they only go when there is a direct necessity for their attendance.

Sympathy. I was asked, at the close of

my first lecture, when I supposed a Visitor would have time to impart the knowledge given during that hour to the mothers whom she visited. It is perfectly obvious that we cannot turn knowledge like water from a hose pipe on to people. The teaching must be done to a very great extent indirectly in the homes, and this most effectively by showing a sympathetic interest in a case you are told about. You are told what happened, what the neighbours advised, what the doctors said, and what the person telling you thinks of the whole thing, and finally you are asked how the case strikes you. It is at a time like this, when a case in point comes up, that you can use your knowledge to the best advantage. Your view will be distributed to the neighbours, and if it has been a wise one it will bear fruit in a most unexpected way. Not only that, but you will find you will be called in and consulted in many cases and about many things. Though you must keep the baby in the forefront of your mind, you should be prepared to listen to, and sympathize with, circum-

stances more curious than anything you have ever read in fiction. You will find in this way that knowledge you have gained and which has lain dormant for years may be of the greatest value under quite unexpected circumstances.

Patience. Along with knowledge, courtesy, and sympathy you must have unlimited patience. You will have many disappointments, not always from those who are known as 'bad' people. Going to see and visit people who are 'bad' you at least suppose you know where you are. You again have many families and people who are said to be so superior and respectable, and who appear to appreciate the efforts you make on their behalf. You will find that some of these have been 'doing' you to the best of their ability. These are the cases that make one very much inclined to throw up the work and say that it is perfectly hopeless, but one must remember that 'Rome was not built in a day', and that our work is practically never finished. We must be content to go on without seeing visible results in the

majority of our cases. The longer you work, the more convinced you will be of the need for the work and that your work is not in vain.

Committee. You will have a central committee to advise you in connexion with difficult cases, and now most of the Societies have expert workers to appeal to. Never be afraid to be perfectly frank with your Committee. If you have made a mistake in a case, and put your foot in it badly, tell your Committee. They will decide what is best to be done, and whether it is better for you to continue working in the district in which you have been visiting or whether you should get a fresh district. If Visitors are open with the Committee they will usually find that they are loyally backed up. If one shows that they are utterly unfitted for the work, the sooner they give it up the better. If they, on the other hand, show that they have common-sense, sympathy, and tact, but lack sufficient knowledge of their subject, the Committee will guide them in the matter of training, and this difficulty can soon be put right.

Records. Records of all the cases ought to be kept. For this purpose cards are provided. These vary according to the districts where they are used, but if the Society prints a card which requires to be filled up with certain information, it expects the information to be put on the card. The questions would not be there unless the Committee required the information. Having worked with cards of this description for years, I know from experience the hopeless muddle things get into when information is not properly filed. It is also a great help to be able to go over one's cards and to see what one has done. The keeping of records to many people is a great fag, and they say, What is the good of keeping records if we do the work? but as the Government has promised certain grants on work done it is more important than ever that efficient records be kept.

The Doctor. When there is an illness, and you are told that the doctor has called and has given certain instructions, you must do your utmost to back up the doctor,

and to assist the mother as far as possible to carry out his instructions. It does no good and often does a great deal of harm if we cast the least doubt upon the doctor's orders.

The Visitor must also have a good working knowledge of the Public Health and Sanitary Department, Poor Relief, C.O.S., Infirmary and Hospital Treatment, Charitable and Voluntary Institutions in the town in which she is working, as well as an intimate knowledge of the parish and its particular funds, whether of the Church or otherwise. The Central Committee will have filed information and must as a rule be consulted, but a great deal of time will be saved if the Visitor has a good working knowledge of the possibilities of the parish she visits.

When all is said and done, the biggest piece of work that she can do is to encourage the mothers. They have many things against them, and they have a busy but in many cases a very monotonous life. If one can interest them in something outside of their own four walls it freshens

their mind and gives them something new to think about. If they feel that you try to put yourself in their position and endeavour to see their troubles from their point of view you will have done a great deal towards gaining their confidence, respect, and love. It is so easy to arrange other people's affairs and so difficult to arrange our own, and it is also difficult to understand why people cannot see things from our point of view.

APPENDIX

I

CIRCULAR ISSUED TO COUNTY COUNCILS AND SANITARY AUTHORITIES

LOCAL GOVERNMENT BOARD,
WHITEHALL, S.W.,
30th July, 1914.

MATERNITY AND CHILD WELFARE

SIR,

I am directed by the Local Government Board to state that an estimate has been laid before Parliament for a grant to be distributed by the Board in aid of the expenditure of local authorities and voluntary agencies in respect of institutions or other provision for maternity and child welfare.

This grant, if voted by Parliament, will be made in aid of expenditure in respect of clinics, dispensaries or other institutions primarily concerned with the provision of medical and surgical advice and treatment, as well as in respect of the salaries of health

visitors and other officers engaged for this work.

The Local Government Board have in recent years devoted considerable attention to questions connected with infant welfare, and they have observed with much satisfaction that efforts have been made by many local authorities and voluntary agencies to deal with the matter. These efforts have undoubtedly helped to secure improved conditions for children, and have played an important part in the campaign for the reduction of infantile mortality.

It is evident from the Reports issued by the Medical Department of the Board and those of many Medical Officers of Health that more extended and systematic measures than have hitherto been generally adopted are necessary, and it is hoped that the grant of assistance from the Exchequer will stimulate those local authorities who have not yet taken action to give the matter their earnest consideration and will encourage those already engaged in work to develop it still further.

Up to the present local authorities, in their infant welfare work, have concerned themselves more especially with the child in its first year of life ; the matter is, however, one

which needs to be dealt with on a more comprehensive basis, and it is clearly desirable that there should be continuity in dealing with the whole period from before birth until the time when the child is entered upon a school register, i. e., the register of a public elementary school, nursery school, crèche, day nursery, school for mothers, or other school.

Extension of the existing work is accordingly needed in two directions ; on the one hand it is necessary that measures should be taken for securing improved ante-natal and natal conditions, and on the other, provision should be made for continuing the work in relation to children beyond the first year of life.

The accompanying memorandum, which has been prepared by the Board's Medical Officer with a view to assisting the formulation of schemes or extending the work already undertaken, sets forth in outline the matters needing consideration in the preparation of a comprehensive scheme. It will be seen that the memorandum contemplates that medical advice and, where necessary, treatment should be continuously and systematically available for expectant mothers and for children till they are entered on a school

register, and that arrangements should be made for home visitation throughout this period.

The work of home visitation is one to which the Board attach very great importance, and in promoting schemes on the lines laid down in the accompanying statement the first step should be the appointment of an adequate staff of Health Visitors.

It will be desirable, at all events in the case of the larger urban authorities, to provide consultation centres which may fitly be termed Maternity Centres, to which expectant mothers and mothers with infants and little children may be referred for advice and treatment ; the operation of these Maternity Centres will be rendered most effective if co-operation is secured with the midwives of the district and with any local hospital having a maternity department.

It will be necessary to arrange for a medical officer to be in charge of such a Centre and for the attendance at the Centre of members of the staff engaged in home visiting. Careful records, for which the medical officer should be responsible, will need to be kept, and in regard to children the records should be in such a form that they may subsequently be available for the information of the School

Medical Officer when the child is entered at a school.

For the rural and smaller urban areas the Board think it will generally be found desirable to develop a county organization, but in all cases the county work should be intimately related with that of the local sanitary authority, and on the other hand any work separately undertaken by a sanitary authority should be co-ordinated with the county scheme.

It is not expected that all local authorities will be able at once to initiate complete schemes, but it is important that any partial arrangements that may be made shall be such as can ultimately form part of a more extended organization.

Subject to the estimate now before Parliament being accepted by Parliament, the Board will be willing to consider applications for grants in respect of any work falling within the scope of the scheme outlined in the memorandum accompanying this letter ; the grants will normally amount to one-half the approved expenditure on any of these purposes, but may be less if the Board so decide.

Grants to institutions of the nature of Schools for Mothers, the object of which is

primarily educational, which provide training and instruction for mothers in the care and management of infants and little children, and which may include systematic classes, or home visiting, or infant consultations (the provision of specific medical and surgical advice and treatment, if any, being only incidental), will be administered by the Board of Education. Any cases of doubt or difficulty will be investigated by a Joint Committee of Officers of the two Boards, which will include women Medical Officers.

In sending a copy of this circular to voluntary agencies engaged in infant welfare work, the Board will state that applications for grants in respect of voluntary work may be made by a voluntary agency either directly or through a local authority.

The grant now presented to Parliament will be appropriated in aid of the expenditure of the half-year ended 30th September, 1914, and applications for grants should be accompanied by an account of the work undertaken by the authority, and by a detailed statement of the expenditure incurred, certified by the officer of the local authority in charge of the accounts.

I am to add that the Board will be happy to afford advice and assistance to local autho-

rities in the initiation of schemes or the extension of existing schemes.

I am, Sir,

Your obedient servant,

H. C. MONRO,

Secretary.

The Clerk to the Council.

II

MEMORANDUM

MATERNITY AND CHILD WELFARE

A complete scheme would comprise the following elements, each of which will, in this connexion, be organized in its direct bearing on infantile health.

1. Arrangements for the local supervision of midwives.
2. Arrangements for—

ANTE-NATAL.

1. An ante-natal Clinic for expectant mothers.
2. The home visiting of expectant mothers.
3. A Maternity Hospital or beds at a hospital, in which complicated cases of pregnancy can receive treatment.

3. Arrangements for—

NATAL.

1. Such assistance as may be needed to ensure the mother having skilled and prompt attendance during confinement at home.
2. The confinement of sick women, including women having contracted pelvis or suffering from any other condition involving danger to the mother or infant, at a hospital.

4. Arrangements for—

POST-NATAL.

1. The treatment in a hospital of complications arising after parturition, whether in the mother or in the infant.
2. The provision of systematic advice and treatment for infants at a Baby Clinic or Infant Dispensary.
3. The continuance of these Clinics and Dispensaries, so as to be available for children up to the age when they are entered on a school register, i. e., the register of a Public Elementary School, Nursery School, Crèche, Day Nursery, School for Mothers or other school.

4. The systematic home visitation of infants and of children not on a school register as above defined.

LOCAL GOVERNMENT BOARD,
Whitehall, S.W.

July 1914.

III

MEMORANDUM IN REGARD TO THE REGULATIONS FOR THE PAYMENT OF GRANTS TO SCHOOLS FOR MOTHERS

BOARD OF EDUCATION,
WHITEHALL, LONDON, S.W.,
July 1914.

1. The establishment and organization of a system of Medical Inspection of children in Public Elementary Schools throughout England and Wales has served to draw attention to the large number of children who on their first admission to School are already suffering from ailments and defects likely to retard their development, and these may, to a large extent, be attributed to insufficient knowledge of the simple rules of health on the part of the mothers. It is this lack of knowledge which the Institutions known as Schools for Mothers are specially designed to meet.

There is no doubt that much of the suffering and ill-health amongst children below school age as well as at school and in after life can be prevented by means of the consolidation and extension of the work of Schools for Mothers acting in co-operation with the Local Education and Sanitary Authorities.

2. A School for Mothers is defined in the Regulations as primarily an educational Institution providing training and instruction for mothers in the care and management of infants and little children. The imparting of such instruction may include—

- (a) Systematic classes.
- (b) Home visiting.
- (c) Infant consultations.

The provision of specific medical and surgical advice and treatment (if any) should only be incidental. Such a school is distinguished from a Baby Clinic or Infant Dispensary, which is an institution primarily concerned with specific medical and surgical advice and treatment for infants and little children requiring it, and in which instruction of the mother, if any, is only incidental.

3. For some time past a number of Schools for Mothers have received grants under the Board's Regulations for Technical Schools,

&c. Such grants have, however, only been payable in respect of organized class instruction, and the amount of grant payable has in consequence been small. It has been decided that in determining the grant now to be made to these Institutions under the new Regulations account may properly be taken of the whole of their activities, and that the amount of grant may, where the work is efficient, be increased and brought into closer relation with the cost of the work.

4. The Board think that it may be of assistance if they indicate certain considerations which should be borne in mind in the organization of a School for Mothers.

- (a) Systematic instruction and training should form a definite part of the activities of the Institution, and facilities should be offered for attendance at Classes in subjects bearing directly on the work undertaken, such as Care and Management of infants and young children, Domestic and Personal Hygiene, Home Nursing, Sewing and Cookery. The instruction should be of a simple character, and as far as possible practical work should be included. The number present at a Class at any one time should

not, as a rule, exceed about twenty-five or thirty. A lesson should be of not less than thirty minutes' duration, and the total period of instruction in any one subject should be not less than five hours. In the case of Classes in Sewing and Cookery, it is desirable that the lesson should be of at least an hour's duration, and that the Course should cover a period of at least ten hours. The syllabus of instruction should be submitted to the Board, who may require the modification of any syllabus which appears to them to be unsuitable. Provided that the teacher is competent to give efficient instruction in the subject of the Course, the Board will not require that he, or she, should possess any specified qualifications.

- (b) It is of great importance that the Infant Consultations should be conducted by skilled and competent persons. They should be held as far as possible under medical supervision and there should therefore be a Medical Officer on the staff of the Institution at the head of and responsible for this department of its work. Each

Institution will normally also have a responsible Superintendent. The Superintendent should be present at the Consultations and act under the direction of the Medical Officer. The Board do not desire to prescribe the exact qualifications which a Superintendent must possess, but it is very desirable that she should be a qualified nurse and in any case she should possess definite qualifications for her work.

- (c) Consultations for infants should be held not less often than once a fortnight, and whenever practicable they should take place once a week or even oftener. The frequency with which an infant is brought to the Consultations will depend on its condition of health. Institutions will normally desire to maintain continued supervision of all young children until they go to school, and this work is of the first importance. It is clearly unnecessary to examine young children as often as infants ; it should be sufficient if they are seen at intervals varying from, say, one to three or four months according to the age and physical condition of the child.

It may be found more convenient to arrange for young children to be seen at a different time from infants.

- (d) Home visiting should be carried out under the supervision of the Superintendent. Whether the Superintendent will need to have one or more nurses to assist her in this work will to a large extent depend on the number of voluntary helpers available. The Board greatly appreciate the value of the assistance which is rendered by voluntary helpers, and it is hoped that the number willing to offer their services may increase rather than diminish in the future.
- (e) Care will be necessary to secure that the work of a particular Institution does not unduly compete with that of another in the same neighbourhood. In places where there are several Institutions concerned in various ways with the welfare of infants and young children it is suggested that a representative Local Committee should be formed to co-ordinate the work of the Institutions and avoid overlapping. Each Institution would be represented on the Committee, but would retain

control of its own financial and domestic arrangements. The Local Education Authority and the Sanitary Authority should be invited to appoint their Medical Officers or other representatives as members of the Committee.

- (f) The question of co-ordination with the School Medical Service under the Local Education Authority and the work of the Sanitary Authority will need careful consideration. The possibility should be considered of linking up the visits carried out by the Institution with the home visiting carried out by the School Nurses of the Education Authority in following up cases of defect found at the medical inspection of School children. This is particularly important as the children in respect of whom advice is given approach school age. The Medical Officer of Health should also be cognizant of the work of the Institution, and the nurses and voluntary visitors attached to the Institution should work in co-operation with the Health Visitors acting under his direction. This last point is of especial impor-

tance in London, where it is hoped that Schools for Mothers may avail themselves of the advantage of close co-operation with the Medical Officers of Health of the Metropolitan Borough Councils.

- (g) While the grant will not be paid on an attendance basis, it is important that the attendances of the mothers at the Classes should be registered and that accurate records should also be kept of the attendances of the mothers and children at Consultations and of the home visits. Careful records should also be kept of the children's ailments and defects. For the purpose of the grant a statement will be needed of the payments in respect of the work of the Institution and of the receipts, whether derived from voluntary contributions, the payments of mothers themselves, or from other sources.

5. As will be seen from Articles 2 and 3 of the Regulations, the grant payable during the Financial Year ending on the 31st March 1915 will be assessed on the basis of the work done during the year ending on the 31st March 1914. For this purpose account will be taken of the expenditure on the work of the Insti-

tution as defined in the second paragraph of this Circular. Account will not be taken of expenditure on the provision of dinners. The maximum grant payable will be one-half of the approved expenditure. Where the Board are not satisfied as to the scope or efficiency of the work, grant will be paid at a rate of less than one-half, and in extreme cases may be withheld altogether. In determining the grant payable during the first year of the Regulations, the Board will naturally have regard to the fact that the grants are in respect of work wholly completed before the issue of the Regulations, and they will not, therefore, expect the same degree of compliance with the requirements of the Regulations as they will look for in subsequent years.

6. Application for a grant during the current Financial Year in respect of work done during the year which ended on the 31st March 1914 should be made on the approved Form, copies of which may be had on application to the Secretary, Board of Education, Whitehall, London, S.W. The heads of information asked for in the Form are set out for convenience in the Schedule to this Circular.

L. A. SELBY-BIGGE.

SCHEDULE

HEADS OF INFORMATION ASKED FOR IN THE
FORM OF APPLICATION FOR GRANT UNDER
THE REGULATIONS FOR SCHOOLS FOR
MOTHERS FOR THE YEAR ENDING
31ST MARCH 1915.

I.—Summary of payments actually made and sums actually received during the year ending 31st March 1914, in respect of the work of the School for Mothers as defined in Article 2 of the Regulations.

1. Payments :—

- (a) Salaries of Medical Officers.
- (b) Salaries of Superintendent and other paid members of the staff.
- (c) Payments to other bodies (e.g., for teachers).
- (d) Rent, rates and taxes.
- (e) Fuel, light, cleaning.
- (f) Furniture and equipment.
- (g) Materials.
- (h) Printing, stationery, postage, &c.
- (i) Other payments (specified).
- (j) Total.

2. Receipts :—

- (a) Grant from Board of Education.
- (b) Payments by mothers.
- (c) Voluntary contributions.
- (d) Other receipts (specified).
- (e) Total.

3. If any of the figures entered above are apportioned, particulars should be given below showing the total amount expended or received in each case and the basis of apportionment.

II.—Statement of the activities of the School for Mothers during the year ending 31st March 1914.

(N.B.—If in any case the figures given below are not for the year ending on the 31st March 1914, the date of the year covered should be stated.)

1. Staff :—

(a) Names of Medical Officers.

(b) Name and qualifications of Superintendent.

(c) Are there any other paid members of the staff? If so, give names and duties.

2. Statement of systematic Classes held during the year.

Subject of instruc- tion.	Number of hours of instruction.	Average number of persons attending.
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3. Infant consultations :—Please give particulars of the arrangements made including (a) by whom the infant consultations are conducted; (b) how often; (c) the average number of infants attending each consultation; (d) total number of individual children seen in the year; (e) total number of attendances made by infants during the year.

4. Are consultations also held for young children under school age ? If so, particulars should be given as in 3 above.

5. What are the arrangements for home visiting ? Information should be given as to (a) the number of paid and voluntary workers employed ; (b) the total number of homes visited ; (c) total number of visits paid.

6. Are any arrangements made for providing medical and surgical advice and treatment ? If so, what are they ?

7. Please give a brief statement of any other activities of the School (e.g., dinners for mothers).

8. What arrangements are made for co-ordinating the work of the School with that of—

- (i) Similar Institutions in the same district ;
- (ii) Baby Clinics, and Infant Dispensaries providing medical and surgical advice and treatment for infants and young children.
- (iii) the School Medical Service on the one hand and the Sanitary Authority on the other.

III.—Please attach copies of the last two Reports of the work of the Institution with Statements of Accounts.

IV.—Remarks.



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